2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135317

Entity Name: HOOD INC.

FILED Jan 25, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3701 HEMLOCK STREET JACKSONVILLE, FL 32218 US

Current Mailing Address: New Mailing Address:

PO BOX 6685 PO BOX 831

JACKSONVILLE, FL 32236 US CALLAHAN, FL 32011 US

FEI Number: 16-1688228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOOD, TERRI L HOOD, TERRI L P

3701 HEMLOCK STREET 3701 HEMLOCK STREET

JACKSONVILLE, FL 32218 US JACKSONVILLE, FL 32218 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TERRI L HOOD 01/25/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 HOOD, TERRI L
 Name:
 HOOD, TERRI L

 Address:
 3701 HEMLOCK STREET
 Address:
 P.O.BOX 831

City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: CALLAHAN, FL 32011 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 HOOD, DONALD D
 Name:
 HOOD, DONALD D

 Address:
 3701 HEMLOCK STREET
 Address:
 P.O.BOX 831

City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: CALLAHAN, FL 32011 US

Title: () Delete Title: TRES () Change (X) Addition

 Name:
 Name:
 HOOD, DREW D

 Address:
 Address:
 P.O.BOX 831

City-St-Zip: City-St-Zip: CALLAHAN, FL 32011 US

Title: () Delete Title: SEC () Change (X) Addition

 Name:
 Name:
 HOOD, DALTON D

 Address:
 Address:
 P.O.BOX 831

 City-St-Zip:
 City-St-Zip:
 CALLAHAN, FL 32011 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI L HOOD P 01/25/2009